

SERIAL NUMBER 09/232,289	FILING DATE 01/15/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET 34650-250USP
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APPLICANT

PER BJORND AHL, LIDINGO, SWEDEN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 09/022,289 02/11/98

YES N

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

NIA N

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

NIA N

BEST AVAILABLE COPY

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEX	SHEETS DRAWING 3	TOTAL CLAIMS 35
Verified and Acknowledged Examiner's Initials _____ Initials _____				

ADDRESS  
RAYMOND VAN DYKE  
JENKENS & GILCHRIST  
3200 FOUNTAIN PLACE  
1445 ROSS AVENUE  
DALLAS TX 75202-2799

TITLE  
SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSIONS OF CONFIDENTIAL INFORMATION

FILING FEE RECEIVED  030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Preparation) <input type="checkbox"/> 1.18 Fees (Inventor's Statement) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1988

<b>SERIAL NUMBER</b> 09/232,289	<b>FILING DATE</b> 01/15/1999 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2685	<b>ATTORNEY DOCKET NO.</b> 34650-250USP1	
<b>APPLICANTS</b> PER BJORNDahl, LIDINGO, SWEDEN;  <b>** CONTINUING DATA *****</b> This application is a CIP of 09/022,289 02/11/1998 PAT 6,396,612  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/01/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23932					
<b>TITLE</b> SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSION OF CONFIDENTIAL INFORMATION					
<b>FILING FEE RECEIVED</b> 1066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		